

July 19, 2006

Dear Vendor:

Proposals will be received for Deaf Interpreter and/or Computer Assisted Real Time Captioning services until Friday, August 11, 2006 at 5pm or until positions are filled. Submission of proposals does not guarantee an award of a contract. Any contract resulting from this proposal is not effective until it has received all requisite government approval, and Contractor shall not begin performing work under contract until notified to do so by the contracting office or division. Contractor shall not be entitled to compensation for work performed prior to the effective date of contract.

A standard departmental contract will be required.

A copy of the State of Alabama Vendor Application is available (click on "Vendor Application") on the department site. A Vendor application is attached if the application is mailed to prospective vendors. **All vendors wishing to contract with the state of Alabama must fill out this registration every three (3) years and return it immediately to State Purchasing.** Only vendors who are registered with State Purchasing may receive state contracts. Go to www.purchasing.state.al.us for appropriate class-subclass codes.

If you/your company desire to offer a contract proposal:

1. Read the entire contract proposal document.
2. Proposal must be submitted in the format requested.
3. Proposals must be in ink or typed (pencil is unacceptable) and contain original signature.
4. Return proposal to: Catheryn Townsend, Director, Contracts Office, AL Department of Mental Health and Mental Retardation, 100 North Union Street, Suite 586, zip 36104, or P.O. Box 301410, Montgomery, AL 36130-1410. Proposals may be returned via Regular Mail or Express/Overnight Mail.

Sincerely,

Catheryn B. Townsend, Director
Contracts Office
AL Department of Mental Health and Mental Retardation

Request for Proposal (RFP)

Organization: Alabama Department of Mental Health and Mental Retardation

Apply by: **Friday, August 11, 2006 (5pm) or until filled**

Contract Information: Catheryn Townsend, Director
Contracts Office
Alabama Department of Mental Health & Mental Retardation
RSA Union Building, Suite 586
100 North Union Street
Montgomery, AL 36104
Or
PO Box 301410
Montgomery, AL. 36130-1410
Telephone Number (334) 353-7440
Fax Number (334) 353-7090

The Alabama Department of Mental Health and Mental Retardation (DMH/MR) is seeking qualified firms/individuals to provide **Deaf Interpreter and/or Computer Assisted Real Time Captioning Services (CART)** in all areas of the State of Alabama.

Required qualifications:

1. Individuals may meet any of the required qualifications listed in Exhibit **DS-I** (Enclosed). The level of certification must be identified in the proposal.

The contractor will provide the following services:

1. Interpreters/CART providers will convey messages between Deaf and/or Hard of Hearing , staff, consumers or other individuals/agencies and hearing staff, consumers, or other individual/agencies through interpreting, transliteration, cued speech, CART, or other language modalities as contracted by the AL Department of Mental Health and Mental Retardation.
2. Interpreters/CART providers will submit invoices based on certification and instructions as outlined in Exhibit DS-II (Enclosed).

Proposal Content

Each proposal is to contain specific responses to each of the following requests and respondents are encouraged to respond fully to each inquiry, but to be as concise as possible. **Respondents must specify position and location of interest. Each position proposal must be submitted in a separate envelope.** Submit the response to each item on a separate page with the item reproduced at the top of the first page of the response.

1. Submit a cover letter summarizing your proposal. Limit the cover letter to no more than one page.
2. Provide general information regarding the respondent including correct address, telephone and fax number (if applicable). Include respondent's previous experience, knowledge of Interpreter/CART services, special training or any other information pertaining to the respondent's capabilities to carry out this service.
3. Based on fee schedule enclosed, a copy of each pertinent certification must be attached to the proposal.

One original and **three copies** of your proposal must be received at the following address no later than 5pm on August 11, 2006 or continuous until filled.

Catheryn B. Townsend, Director
Contracts Office
Department of Mental Health and Mental Retardation
RSA Union Building, Suite 586
100 North Union Street
Montgomery, AL 36104
Or
PO Box 301410
Montgomery, AL. 36130-1410

Proposals must be clearly marked **INTERPRETER/CART Services for Department of Mental Health and Mental Retardation.** All proposals will be received until positions are filled.

The DMH/MR assumes no responsibility for expenses incurred in the preparation of the proposal. The DMH/MR reserves the right to reject any and all proposals. Additionally, the DMH/MR reserves the right to waive irregularities in any proposals and request clarification of any information, and negotiate with the firm/individual submitting the best proposal to secure more favorable conditions.

Evaluation Process

A review committee will examine each proposal submitted. The DMH/MR may elect to conduct interviews with finalists. The DMH/MR expects a final selection on or before August 25, 2006.

Selection Criteria

Selection shall be based on factors to be developed by the procuring state entity which may include among others, the following:

1. Specialized expertise, capabilities, and technical competence, as demonstrated by the proposed approach and methodology to meet project requirements.
2. Resources available to perform the work, including any specialized services within the specified time limits for the project.
3. Record of past performance, quality of work, ability to meet schedules, cost control and contract administration.
4. Availability to a familiarity with the project locale.
5. Proposed project management techniques.
6. Ability and proven history in handling special project contracts.

Evaluation Criteria

Proposals will be evaluated on the basis of their responsiveness to the items contained in the content section of this Request for Proposal. It is expected that the review committee will rate responses according to the following ways:

1. Experience, stability and reputation –35%
2. Understanding of and responsiveness to the Request for Proposal – 25%
3. Expertise and knowledge of interpreter service – 40%

EXHIBIT DS-1

Fee Schedule for Interpreting Services. (Hourly) Effective October 1, 2006

Nationally Certified Interpreter holding QMHI (RID certified holding generalist certification, including CDI and/or NAD 4/5) ⁽¹⁾	\$50
Nationally Certified Interpreter with MHIT-II Training (RID certified, holding generalist certification, including CDI and/or NAD 4/5) ⁽¹⁾	\$40
Nationally Certified Interpreter (RID certified, holding generalist certification including CDI and/or NAD 4/5) ⁽¹⁾ ⁽¹⁾ <i>Acceptable RID generalist certifications include CI, CT, OTC, IC, TC, CSC, RSC, NIC.</i>	\$35
Licensed/Permitted Interpreter with MHIT-II Training (NAD 3 or other RID certifications as deemed appropriate by the Office of Deaf Services) or otherwise eligible to work at an equivalent level	\$30
Licensed/Permitted Interpreter (NAD 3 or other RID certifications as deemed appropriate by the Office of Deaf Services) or otherwise eligible to work at an equivalent level	\$25
Permitted Interpreter (Below NAD 3 or equivalent standards or otherwise eligible to Work at an equivalent level) ⁽²⁾ <i>Permitted Interpreter with less than an NAD 3 or equivalent certification may <u>only</u> be utilized with pre-approval by the Office of Deaf Services in situations where the service provision would be appropriate, a more qualified individual is not available, the appointment cannot be rescheduled, and all parties are willing to accept the interpreting product.</i>	\$15 ⁽²⁾
Visual Gestural Communication Specialist/Deaf Relay Interpreter With MHIT-II Training	\$35
Visual Gestural Communication Specialist/Deaf Relay Interpreter	\$25
Video Remote Interpreting minute (Per Minute, no portal or mileage charges, one time \$100 setup fee)	\$3.00 per
Certified C-Print (or equivalent) Captionist with MHIT-II Training	\$25
Certified C-Print (or equivalent) Captionist	\$20
Certified C-Print (or equivalent) Captionist/Interpreter ⁽³⁾ <i>Nationally Certified Interpreters will be paid at the appropriate Interpreter Rate</i>	(3)
Real-time Captionist, CART	\$125
Sign Fluent Therapist	\$17.50 ⁽⁴⁾

⁽⁴⁾ *Sign Fluent Therapist providing direct therapy, not utilizing additional interpreting support services (Sign Fluent is defined as maintaining an Advanced or higher Sign Language Proficient Interview (SLPI) score, nationally certified interpreter or equivalent as defined by the Office of Deaf Services.)*

Portal Rate ⁽⁴⁾	½ Hourly
⁽⁴⁾ (½ of the Appropriate Hourly Rate Based on qualifying certification and training)	
Mileage Rate	Current State

DEFINITIONS

Acronyms Used

CART	Computer Assisted Real Time Captioning
CDI	Certified Deaf Interpreter
CI	Certificate of Interpretation
CSC	Comprehensive Skills Certificate
CT	Certificate of Transliteration
IC	Interpretation Certificate
II	Interpreter Institute
MHIT	Mental Health Interpreter Training
NAD	National Association of the Deaf
NIC	National Interpreter Certification
OTC	Oral Transliteration Certification
QMHI	Qualified Mental Health Interpreter
RID	Registry of Interpreters for the Deaf
RSC	Reverse Skills Certificate
TC	Transliteration Certificate
VGCS	Visual Gestural Communication Specialist

EXHIBIT DS-II

Alabama Department of Mental Health and Mental Retardation Office of Deaf Services

Interpreter Services Invoicing Procedures

To assure that ADMHMR is using fiscal resources in the most effective manner when providing interpretive services to Deaf or Hard of Hearing clients.

General Guidelines

Invoices must be submitted in a timely matter from the date of service delivery to the State of Alabama Department of Mental Health and Mental Retardation through submission of the appropriate payment voucher to the Regional Coordinator for the Deaf in the appropriate area of service provision. End of the fiscal year invoices must be received before the cut-off date of the 13th accounting month. ADMHMR fiscal year runs October 1 – September 30.

Payment will only be provided for services that have been pre-approved for payment by the Regional Coordinators of Deaf Services or the Office of Deaf Services.

Invoices from the service provider should include the following information:

- Date of service provision
- Number of hours
- Interpreting Rate (according to DMHMR fee schedule)
- Portal Rate (if applicable, and must be itemized separately from the interpreter rate.)
- Name of Interpreter
- Name of Client
- Mileage and Mileage Rate
- Total

Incomplete invoices will result in a delay or denial of payment.

All interpreting services will be provided by qualified individuals eligible to work as interpreters according to Alabama Licensure Law.

Time should be charged in 15 minute increments.

Interpreters are reimbursed one-hour minimum for assignments.

In addition to the hourly rate, interpreters should be reimbursed mileage according to the current state rate.

Portal reimbursement will not be paid except in cases where mileage is beyond a 30 mile radius from the provider's base (defined as their home, unless otherwise noted). In cases where travel extends beyond a 30 mile radius, the interpreter will be paid

one-half of their normal hourly rate, as defined in Exhibit DS-I. Time should be charged in 15 minute increments.

In the case of "No-shows" assignments or assignments cancelled with less than 24 hours notice, Interpreters may invoice per agreement, actual mileage traveled, actual portal traveled, and for ½ of the time allotted the assignment as provided up to the amounts listed in the Fee Schedule.